



CLASS SCHEDULE FORM

Spring Summer Fall _____ Year
 Web Available (check if yes)

_____ Addition
 _____ Change
 _____ Cancellation

CRN	/	DEPT	/	COURSE No.	/	SECT	/	COURSE TITLE	/	CREDITS
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COURSE INFORMATION: (If this is a change, please fill out ONLY the information that needs to be changed)

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START DATE	END DATE	MEETING DAYS/LOCATION	START TIME	END TIME
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INSTRUCTOR NAME	UAID (3....)	E-MAIL	COURSE CAPACITY: MAX	WAITLIST
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Changes that do not require dept/program approval include: Waitlist changes - increasing the enrollment due to students being added from the waitlist; Meeting pattern changes, (Days and Times); Location changes.

<p>Approval Code</p> <p>AD-Advisor Approval CE-Closed (Restricted) Enrollment DC-Dept Coord Approval DE-Dean Approval DH-Department Head Approval DP-Department Approval ED-School of Ed Approval GC-Graduate Committee Approval HD-Honors Director Approval ID-Instructor and Dean Approval IN-Instructor Approval PC-Program Coord Approval PD-Program Director Approval PR-Provost Approval RD-RAHI Approval</p> <p>** Closed (Restricted) Enrollment classes will not be viewed online.</p> <p>*Note: Required catalog approvals must be indicated for the course listed above. Please indicate any additional approvals for this semester.</p>	<p>Attendance Method</p> <p>BK-Brokered Tech Prep SS-Self Support</p> <hr/> <p>Grade Mode</p> <p>Letter Pass/Fail CEU or Non-Graded Auditors (check if yes)</p> <hr/> <p>Session Code</p> <p>0 = 0% location based 1 = 1-20% location based 2 = 21-50% location based 3 = traditional location based</p> <hr/> <p>Cross-listed/Stacked Courses*</p> <p>Cross-listed with: _____</p> <p>Stacked with: _____</p> <p>*Note: A separate class schedule form is required for each course in the cross-listed or stacked courses.</p>	<p>Instructional/Delivery Method</p> <p>F2F - Face-to-Face AC - Audio Conference CI - Independent Learning TV - Live Television/UATV MM - Multimedia BB - Online/Web Delivered SP - Special Technology VC - Video Conferencing WB - Web Meeting</p> <hr/> <table style="width:100%;"> <tr> <td>Fee Type*</td> <td>Amount</td> </tr> <tr> <td>Self-Support</td> <td>\$ _____</td> </tr> <tr> <td>Non Credit</td> <td>\$ _____</td> </tr> <tr> <td>CEU Fee</td> <td>\$ _____</td> </tr> <tr> <td>Lab Fee</td> <td>\$ _____</td> </tr> <tr> <td>(refundable?)</td> <td></td> </tr> <tr> <td>If yes, how much?</td> <td>\$ _____</td> </tr> <tr> <td>Other</td> <td>\$ _____</td> </tr> </table> <hr/> <p>*Note: Special Fees must be approved by Vice Chancellor for Administrative Services.</p>	Fee Type*	Amount	Self-Support	\$ _____	Non Credit	\$ _____	CEU Fee	\$ _____	Lab Fee	\$ _____	(refundable?)		If yes, how much?	\$ _____	Other	\$ _____	<p>NOTES:</p> <p><i>(Please include special requirements or other notes here)</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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(refundable?)																			
If yes, how much?	\$ _____																		
Other	\$ _____																		

Prepared by: _____ E-mail: _____ Phone: _____

Department/Program Approval: _____ Date: _____

Dean's Signature: _____ Date: _____

To Be Completed by Academic Scheduling:

Banner: _____ **Processed By:** _____ **Date:** _____